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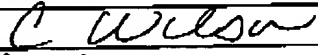
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<b>TRANSMITTAL FORM</b>	Application Number	09/252,485
	Filing Date	February 18, 1999
	First Named Inventor	Hendricks
	Art Unit	2611
	Examiner Name	Hunter B. Lonsberry
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	4	Attorney Docket Number SEDN/5615

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Patterson & Sheridan, LLP		
Signature			
Printed Name	Eamon J. Wall		
Date	11/29/05	Reg. No.	39,414

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Typed or printed name	C. Wilson	Date	11-29-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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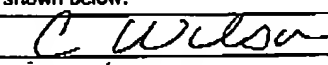
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NOV 29 2005

**PATENT APPLICATION**

Applicants: **John S. Hendricks**

Case: **5615 (SEDN/5615)**

Serial No.: **09/252,485**

Examiner: **Lonsberry, Hunter B.**

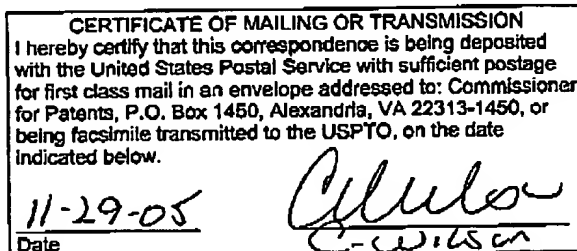
Filed: **2/18/99**

Group Art Unit: **2611**

Confirmation #: **4559**

Title: **TERMINAL WITH MULTIPLE AUDIO AND VIDEO**

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P.O. Box 1450  
Alexandria, VA 22313-1450



SIR:

**RESPONSE UNDER 37 C.F.R. 1.116**

In response to the final Office Action mailed October 5, 2005, please enter this response and reconsider the claims pending in the application for the reasons discussed below.

The Commissioner is authorized to charge any fees due, including extension of time and excess claims fees, to Deposit Account No. 20-0782/SEDN/5615.